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# Cleveland

## Medical

### Gazette.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

A. E. BAKER, M. D., *Editor.*

S. W. KELLEY, M. D., *Associate Editor.*

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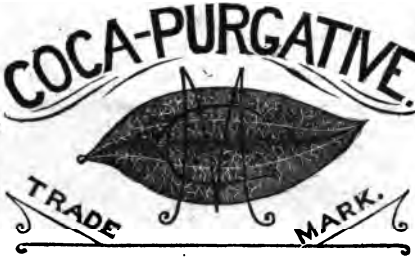
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# THE Cleveland Medical Gazette

VOL. I.

SEPTEMBER, 1886.

No. 11.

## ORIGINAL ARTICLES.

### LAW AND MEDICINE.\*

BY J. M. LATHROP, M. D., OF DOVER, O.

MR. PRESIDENT—The regulation of the practice of medicine, by law, is at present being attempted in some of the United States, and the question of its regulation is being agitated in others. So general is this agitation (among physicians, not much among any other class of the community) that it may be said to amount almost to an epidemic, for we have mental and moral epidemics, as well as epidemics in the physiological world, and apparently governed by the same laws.

A late writer on Social Science has said, "that no prophecy is more certain than that the results anticipated from a law will be greatly exceeded by the results not anticipated." In other words, laws come very far short of accomplishing what we expect them to accomplish, while at the same time they accomplish much that we do not anticipate and that may not be desirable.

There is no good reason why this remark is not as applicable to laws intended to determine the qualifications for the practice

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\* Read before Cuyahoga County Medical Society, August 5, 1886.

of medicine as to any other laws, and for the reason that, like all the other human laws, they concern themselves with the social forces.

When jurors shall all become intelligent and moral; when lawyers shall have no other ends in view than the attainment of exact justice; when courts shall become incorruptible; in the good time coming, when every man shall be a law unto himself, and repressive statute laws shall be well-nigh needless, we shall see a tolerable correspondence between what we call wholesome laws and human conduct, and not till then.

It is a comparatively easy matter to get laws enacted, but generally a very difficult matter to get them thoroughly enforced, even if the enforcement of them is a thing to be desired.

It will be found in the end that it is worse than useless for one system, as that of medicine, to attempt to remedy its defects and its faults by the aid of another system, as that of law, which is equally defective and more faulty. We cannot make a really good article out of defective material with the help of poor tools.

There is a wide-spread superstition pervading the community, from which physicians are not exempt, that "defective human character can so organize itself, socially, as to get out of itself conduct that is not proportionately defective;" that by some well contrived legal device society can be cured of all its follies, and saved from the consequences of them. Societies are made up of individual units; the character of the society is as the average of the characters of these units, and the extent to which laws can elevate such characters is almost *nil*. If society is to be forever guarded against its own ignorance and folly by law, when will it learn to guard itself against these evils? and, moreover, who shall play the part of its perpetual guardian? Shall the physician?

There is, there can be, no genuine reform, but voluntary, personal reform; there is no reform of organizations like the medical profession, but such as comes through the individual reform of its members.

The business of the physician is mainly to heal the sick and wounded. When our success in these things shall have become so prominent as to be universally acknowledged, it may be the

people will call on us to become society doctors, and genuine modesty forbids that we embark in the perilous undertaking sooner.

Before going into a fight of any kind, it is well to count the cost, to ascertain definitely whether the Lord is on our side or not, as well as who are on the side of our antagonist; otherwise we may find ourselves in the minority and so come to grief.

The object at which we aim, by our laws, to regulate the practice of medicine, may be desirable—may be praiseworthy; but if we take a short cut to it that nature never intended, or if we play the politician and enter into an alliance with this one now, and that one then, for the purpose of getting the support of those whom under other circumstances we hold in contempt, we will be defeated in the long run, and we deserve to be.

We—that is the members of the medical profession—know something of chemistry, of anatomy, of physiology, of pathology, of the causes of diseases, and the laws of their working, of remedies and their modes of operation; but when it comes to the application of this knowledge to the cure of disease, we are divided into at least two distinct classes, whose views are as wide apart as heaven and earth, at least so far that there can be no practical alliance between us. If the system of practice of one of these parties is founded on the true theory of things, if it has for its basis the immutable laws of the universe, the other must inevitably be the child of error, without substantial foundation, having no interest in the matter but self-interest. One of these systems must, sooner or later, go to the wall. This will take place not through any statutory enactment, not by any organized attempt to put it down, but by the inevitable tendency of truth to prevail over error—of light to prevail over darkness. It is well for us to bear these things in mind in all our attempts to overcome what we suppose to be evil. It is no part of my object at this time to decide which party is in the right and which in the wrong, but I am here to say that I cannot fight a common enemy under a common banner with comrades who scout the banner under which I fight disease. It would give the lie to any pretensions I might make as to sincerity and honesty of purpose. It would be wrong, it would be contemptible. With the views we hold as to the merits of the different systems

of medicine, it would be just as consistent for us to make a common cause with the so-called quacks against the homeopaths as to join the homeopaths in a war against the quacks, and the homeopaths might consistently talk just as I do. In any case, the party attacked would eventually get the sympathy of a large part of the community, and it would deserve it.

Laws that determine who may practice medicine and who shall not are ostensibly for the purpose of suppressing quacks and mountebanks, and conserving the lives and health of the people. These are very worthy objects, certainly, but is the real motive and the whole of it put in the head-lines? Are members of the medical profession all angelic and free from cupidity? Are we quite sure that the real animus of these laws is not largely if not wholly to be found in the self-interest of the profession. Is not the welfare of the people the lion's skin that serves to hide our love of gain and desire for preëminence? These constitute the ass whose braying will be heard by all whose ears are sensitive to the sound, and their name is legion. I am no apologist of quacks and charlatons, for more than once in a practice of thirty-five years have I suffered in purse and been a little worried in mind by their machinations. More than once have I found myself in a frame of mind to sympathize with the Irish boy who was found crying after his father had given him a whipping. He said it was not the licking he minded, he didn't care for that, but it was such a disgrace to be licked by a d—d Irishman. It is a disgrace to a member of medical profession to be out-generaled by an ignorant quack when he does it with his medicine, and such is sometimes the case. Under such circumstances, the best we can do is to take our defeat as gracefully as possible and try to do better in the future. When we cure all our patients whose diseases are not in their nature incurable, the calling of the quack will be gone, and not before. We have not yet advanced so far in certain and reliable knowledge, nor have we arrived so near perfection in character, that we can wholly escape the humiliations that we get at the hands of quackery, or dispense with its wholesome discipline, for no small part of our trouble with them is the result of our own deficiencies. We may as well make the hon-

est confession to ourselves that we, too, as well as others, have our faults and foibles, and set to work earnestly to remedy them.

In medicine we proclaim the doctrine that there are no specifics for disease, yet nearly every journal that we pick up is well stocked with the jaw-breaking names of new remedies that are pretty certain to cure certain diseases. In spite of our protests to the contrary, we share with the unlearned and credulous the delusion that medicine actually cures the sick. Mr. Spencer says: "We always find among people, in proportion as they are ignorant, a belief in specifics, and a great confidence in pressing the adoption of them. We, instead of prescribing for conditions, too often find ourselves prescribing supposed specifics for diseases of which we may know nothing except the name. Notwithstanding all this, there is a sense in which all medicines are specifics or they are nothing. In that fact, and in that alone, rests all the certainty there is in medicine. But I have gone out of my way to say this.

If a person were to judge the system of medicine by much of our late periodical literature, he might conclude we had returned to the doctrines of mediæval times, and that diseases were veritable devils to be driven out, for a great proportion of the new remedies are sure death to some form of bacteria, and, *per contra*, sure cures to their victims.

Within my recollection nearly all diseases peculiar to women were treated by medicine alone. Afterwards came the period of incising the os uteri for dysmenorrhœa; then we resorted to straightening and dilating the cervix. At last, attention has been drawn away from the uterus to the ovaries; and it is thought by some that salpingitis, or some disease closely allied to it, is the cause of nearly all the bodily ills that afflict women; and hereafter, for a time, a man's standing in the profession is to be estimated by the number of women he has castrated. It is even recommended in cases of doubt to cut into the abdomen and finger around among the intestines and other organs of the body till we ascertain what is the matter or that nothing is the matter. Cases have been reported in the journals where men in attempting to remove an ovary have unconsciously removed the entire uterus, and what is most astonishing of all, the victims



of this promiscuous cutting are said to have recovered. Verily, there must be something in luck.

In order to be considered orthodox, we must accept every innovation in the order of its arrival, as the ultimatum.

Not many days since there appeared in some medical journal, the astonishing announcement that so far as gynecology was concerned, the surgeon was soon to supercede the physician. If this thing continues the time is not far distant when the calling of the general practitioner will be gone, and he will have to take up the lamentation of one of old, "Ye have taken away my gods and what have I left?"

The acceptance of any new remedy for the cure of a disease is an admission that we need a new remedy; the acceptance by the profession of some new theory as to the nature and treatment of a disease, is an admission that we need a new theory, and that the old theories haven't worked satisfactorily. Almost every move we make is a tacit, unconscious, and sometimes unwilling admission of our own fallibility.

The intelligent, non-professional man, watching the changes and innovations that are going on among the medical fraternity, and with shrewdness enough to get at the true inwardness of things, might be reminded of a saying of Josh Billings: "It ain't so much the ignorance of mankind that makes them ridiculous as the knowing so much that ain't so." Doubtless the medical profession is the peer of any of the so-called learned professions as far as knowledge that will stand the test of time is concerned, but we are certainly guilty of labeling too many things "knowledge" before they have been thoroughly tested—we are chargeable with the folly of knowing too many things that ain't so.

After taking account of stock both as regards certain knowledge, and as regards our measure of success in the cure of disease, does it become us to indulge in pride, and make the declaration to the world that is virtually implied in our legislation, that no doubt we are the people, and wisdom will die with us? It does not seem so to me.

If there is not truth enough in the system of medicine which we believe and teach, if its benefits are not apparent enough to

the world not to need the support of law, we are engaged in a hopeless undertaking, and the sooner we abandon it the better. If the science of medicine, after an existence of more than two thousand years, cannot sustain itself creditably when brought into conflict with quackery, credulity and superstition, without relying upon the law, which itself partakes of the fallibilities of all human institutions, it is time for us to fold our banners, pack up our professional goods and betake ourselves to some calling that needs no legal crutches.

Quacks are a sort of medical thorns in the flesh, messengers of Satan or some other individual, sent to buffet us. They are natural products of society—the index that nature has set upon it to show the fallibility of the medical profession on the one hand, and the credulity of the people on the other.

If the quacks themselves were all with which we had to contend, if there were no other parties in this fray who have, or suppose they have, an interest in the matter, we would have but little difficulty in enforcing laws against quackery ; but such is not the case. There is a field for quackery, and so long as that exists somebody under some guise or other will be found to occupy it. If we succeed in squelching quackery outside of the profession, it will spring up in some form in the profession to plague us. We already have more of it than some of us are willing to admit, and we will do well to bear in mind the parable of the mote and the beam.

It was a remark of Oliver Wendell Holmes that charlatanism always hobbles on two crutches—the tattle of women and the certificates of clergymen. When we count the quacks themselves, together with a part of the clergy, and no small part of the women, and many others who will sympathize with them in case laws are passed that seem oppressive, we may find ourselves in a minority, in a fight so low and so dirty that any honorable, self-respecting man would retire in shame from the conflict. I am of the opinion that we are in too much hurry to appropriate the whole field to ourselves. It would certainly be to our credit to drive quackery from the field by superior character, knowledge and skill ; but to drive it from the field by the

aid of law, would be disgraceful in the last degree. I, for one, do not propose to boast of the prowess of any big brother.

In the execution of repressive laws, who are to act the part of censors and detectives and see that offenders are brought to justice? Officers of the law with no personal interest in the matter, unless well paid for their services, are apt to perform their duties in a perfunctory manner. They may see to it that the front doors of sin are shut up, but they will be careful not to know that the back doors are left open. If the members of the profession do not attend to the execution of these laws, it will not be done, for the people in general cannot see that they stand in need of any protection—they will look upon it as being our fight, and, unless their sympathies are enlisted in behalf of one party or the other, will decline to take any hand in it.

All that is necessary in order to wage a war against quackery that will ultimately prove successful, are good character, knowledge, and a reasonable tact in the application of that knowledge to the cure of disease. These are the only legitimate means; all other means to which we may resort will prove abortive, and the disagreeable fact will sooner or later become patent to all that, however good we may be as physicians of the body, as physicians of society we are contemptible quacks.

That government will always be found to be the best which allows the largest personal liberty and exercise of individualism, that are compatible with the maintenance of the equal rights of all. Only under such a government can the best progress be made. We, as a nation, are a law-encumbered and law-cursed people. If the laws that already cumber our statute books, together with others which would-be reformers desire to see enacted, were to be thoroughly enforced, we would soon become a nation of weaklings and imbeciles. It would become every man's business to look after the affairs of his neighbors, but it would be no part of his business to look after his own affairs, even if he had the time to do so.

It is only a personal conflict with difficulty and with evil that begets moral strength and moral character. Many, in this conflict, will fall by the way, but if the conflict is shunned on that

account, we will have to content ourselves with weakness and effeminacy, with the virtue of mere impotence.

The saying of George Eliot, "that an increase in knowledge only serves to outline more distinctly our ignorance," is as applicable to physicians as to any other class of men. The profession of to-day is but the proximal link in a chain that reaches far into the past, and that is to reach still further into the future. We constitute a stepping-stone for the future, and in that fact lies most of the importance that attaches to us as men and as physicians.

The real knowledge in the possession of the profession constitutes the measuring-rod with which to gauge its degrees of evolution. If we were already in possession of all knowledge, there would be no hopes for the future but to bring the laggards and stragglers on its high-way up to the front ranks. But we are just entering the portals of that field of knowledge which is practically without limit, and we can assign no limit to the knowledge and skill of those who shall come after us, if they see fit to avail themselves of their boundless opportunities. Let us continue to build the system of medicine on knowledge, broad and deep. Let us practically demonstrate its benefits to humanity so clearly that all must be constrained to see and acknowledge them, and we shall have no need to fritter our time and energies away in a paltry warfare with quacks. Their mission will have been fulfilled, they will die a natural death.

Members of the medical society, I have spoken my piece—I have said my say. If what I have said, shall have no more effect upon you than laws will have to cure the evils of quackery (and that will probably be the case) it would have been better had I staid at home, attended to my patients, saved my money and consigned this production to the oblivion of the waste basket.

## \* ANTISEPTICS IN GYNÆCOLOGY. 34

BY A. B. CARPENTER, M. D.

As the subject of antiseptics in gynæcology is at the present time attracting so much attention, both in this country and abroad, it may be of sufficient interest to present to this society briefly a few of the most salient points.

In 1873 Dr. Noeggerath published a most remarkable paper in which he showed that a very large number of the women of New York City suffered from diseases of pelvis organs, due to or resulting from infection from chronic gleet after marriage, and that when once infected, unless properly and skillfully treated, become sooner or later the subjects of an almost incurable uterine, tubal, or ovarian disease. Professor Thorburn of Manchester read a paper at the annual meeting of the British Medical association in 1876, in which he attempted to disprove the existence of this deplorable state of affairs in England, but admitted that it was prevalent and considered it a calamity from which many women never recover.

Every patient who suffers from vaginal or uterine discharges should be subjected to a thorough antiseptic cleansing, of both the vagina and external genitals, before either a digital or instrumental examination is made, and this should invariably be practiced whether we suspect the cause as specific or simple, as it is impossible for us to determine whether the discharges are the result of a specific infection. Clinically we are unable to make a positive diagnosis as to whether the case at hand is specific or non-specific in its origin. I have heard of a very ingenious experiment being made to determine this point, and is one worthy of a test, viz: a small amount of the suspected discharge is placed in the eye of a chicken or rabbit, and it is contended that if specific a purulent ophthalmia will soon develop, while if the discharges are from a case of simple vaginitis only a mild ophthalmia will appear. We would therefore urge the necessity of a more general use of antiseptics in our office practice, and I am thoroughly convinced that, taking all facts into consideration, we are not justified in

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\* Read before the Northeastern Ohio Union Medical Society, at Cleveland, March, 1886.

making examinations of cases which present themselves to us for treatment without first making free use of antiseptic irrigation of the parts before proceeding with our work. There are numbers of gentlemen present to-day who will bear me out in the statement that many a case of pelvic inflammation has been developed as the direct result of vaginal and uterine examination, especially where Simpson's sound has been used to aid in arriving at a satisfactory diagnosis. What explanation can we give for the appearance of this inflammatory condition? *The unskillful use of the sound?* I think not. I believe the disturbance is due many times to the carrying of innocuous secretions upon the sound as it passes through the vagina and thus infecting the mucous membrane of the uterine canal, and then extending to the tubes peritoneum and cellular tissues of the pelvis, and it is for the purpose of trying to prevent some of these accidents that the attention of the society is called to-day.

The form of antiseptic irrigation most useful is corrosive sublimate. There are, however, certain contraindications to its use in the regular strength in a few cases, viz: It should never be used in a solution stronger than 1-10000 in cases where there are lung or kidney complications, or where there is evidence of previous ptyalism, or in hysterical temperaments, as these cases have been found particularly susceptible to the action of mercury; and in this class of cases care should be taken to sponge all the fluid from the vagina before letting the patient go. By observing these points the danger of absorption is reduced to a minimum. In other cases the sublimate should be used in the strength of 1-5000 but never stronger, as several deaths have been reported as resulting from the use of sublimate in 1-2000.

The hands of the physician should always be made aseptical before an examination, and for this purpose nothing answers so well, according to Forster of Amsterdam, as sublimate 1-1000 (*American Journal of Medical Science*, April, 1886, p. 673). Macan of Dublin, in his report on the use of sublimate in Germany, says six obstetric and two surgical cases have ended fatally from mercurial poisoning after sublimate irrigation during operations. Schede has found that by the use of sublimate the healing of

wounds took place with less irritation, was more often and more nearly perfect in its course, than he had found under any other form of antiseptic treatment. Schede uses for the hands, sponges drainage tube, and for washing the skin when the operation is to be made, 1-1000 and 1-5000 to be used upon the wound in form of a continuous irrigation during the operation. Several deaths have occurred at Bonn after laparotomy where the sublimate was used in the peritoneal cavity. It should never be used where it comes in contact with the peritoneum. In the operating rooms in Germany the most scrupulous attention is paid to gynæcological antiseptics, it being impossible to gain admission to the laparotomies of Schröder, Martin, Gusserow or Landau, without first taking a bath and donning a fresh suit of clothes, over which is worn a white linen gown, which reaches nearly to the floor. While this may seem absurd to many, their records bear them out (for some reason) as being among, if not the best operators in the world to-day in their special departments.

We should make use of the 1-10000 and 1-5000 in our examinations and operations, and by so doing reduce the liability to the extension of infection. For convenience of use I exhibit here the sublimate tablets manufactured by Wyeth, which may be added to water, and we have a ready fluid. Instruments should never be placed in sublimate solution, as it destroys the plating.

Generous ambition and honest rivalry has given a great impetus to gynæcology during the past three years, and the spirit of enthusiasm, which seems to imbue the teachings of the great men in this department, is due simply to the demand of the times. Without our modern antiseptics the surgeon would never have acquired his present boldness, neither would the wonderful records of successful operations be in existence.

## MEDICAL EDUCATION AT HOME AND ABROAD.

## I.

When a young man, whether a student or a graduate, wishes to pursue his medical studies away from home the question, "where to go," is one which sometimes puzzles him. This cannot be correctly answered without knowing accurately the facilities offered in each of the places under consideration, and having a definite plan as to the future. It should, however, always be the aim of the young man just recently graduated to first prepare himself thoroughly for general practice, for the more knowledge he has of this, the better will be his ability as a specialist should he wish to become one.

Few physicians have the opportunity of studying at several universities and comparing their relative advantages. Consequently each has some preference for his *alma mater*, and sends the young man coming to him for advice to this, because he can point out in a positive way the facilities offered by this university, and only knows those of the others from hearsay. Still less there are who get an opportunity to visit the same and other universities, after a number of years of active practice and with more matured ideas and a better conception of the wants of the medical man, then judge of the relative advantages in the various branches.

As it has been my good fortune to have gone through quite a share of this kind of experience, I shall endeavor in the following to state, as briefly as possible, the results of my observations.

Before proceeding, however, I wish to state that the facilities in the various places change with each year, and that what is herein contained is based upon the experience of the years 1885 to 1886, compared at times with what I saw in the years 1878 to 1880. The reader who chances to peruse these lines a few years hence, must therefore expect to find some of the conditions materially changed, and make the necessary allowance.

First of all, I am glad to be able to state that in the majority of branches of medical science this country is offering equal if



not superior facilities to those now offered in Europe. To the man not thoroughly acquainted with the language of Europe I should therefore say :

*Stay in your own country and spend your time profitably at lectures and clinics which you thoroughly understand, rather than to go to Europe and idle away the time in attendance upon lectures, a half of which you cannot comprehend.*

It is all nice enough to see a little of the world, and be able to say that you have studied in Europe ; but remember that *to study is not the same as to learn*. The physician must not only have been a student, but must have learned well what he studied if he wishes to succeed. A man with but a limited knowledge of the language of the country may attend lectures there, and though hearing every word that is said, form a wrong idea what those words mean and draw wrong conclusions, a worse state of things than if he had not heard the lectures at all.

To go to Germany or France for the study of the requisite languages is an entirely different matter. For such a purpose nothing is as good as being where you are daily compelled to make use of the language and hardly ever hear any other.

To the man who can afford the luxury of a European trip and knows the language sufficiently well, I have no words of reproach, if he has plenty of time. If he is limited in time the three or four weeks he spends in crossing and recrossing the ocean and reaching his destination are too valuable to lose, when he can get the same advantages on this side of the waters without the loss of this time.

Vienna was the first to start the present more widely adopted plan of dividing the winter and summer terms into short sections of four, six and eight weeks, and giving special courses of this length. This is quite an advantage to the student, as it gives him an opportunity to divide his time better, and so systematize his studies as to get the greatest benefit in the shortest time. Vienna, being the first to start this system in connection with the instruction given at her general hospital, soon attained a great reputation, and became the leading centre to which flocked hundreds of students from all parts of the world. This was between 1860 and 1870. At that time Vienna cer-

tainly took the lead among the European universities. And well she might with such an array of talent as she could then boast of. Arlt, Jaeger, Hebra, Braun, Rokitsky, Skoda, Appolzer, Hyrtl, Schuh, Sigmund, Meynert, Pollitzer, and Türk were then in her faculty. Toward the end of that decade the illustrious names of Billroth and Bamberger were added to her list. The general hospital treated annually over 30,000 indoor patients, and afforded relief to an equal number in her out-door departments.

About the year 1870 the field was so over-crowded that the policlinic was founded as a necessary aid to the city for the relief of its sick. There such eminent men as Auspitz, Appolzer, Benedikt, Schuitzler and a number of others held clinics and gave instructions, gathering around them hosts of admirers and students.

As the reputation of Vienna grew, the number of foreigners coming there became so large as to rather crowd the courses. In time also the assistants were elevated to instructors, the instructors to professors, and the staff of teachers became much greater. Now, in order to accommodate so many teachers with topics to instruct, and in order to keep up with the advance of science, the branches were sub-divided, and a branch which one man covered in a course of lectures was now covered by three. A man studying this branch has to take three courses and pay three fees, for what was formerly comprised in one course and cost but one fee. This has been the general tendency of matters in the last six or seven years, and in consequence the number of Americans and other foreigners studying there has greatly diminished. While the university is an excellent one, where much can be learned, it is on the decline, partly from causes already mentioned, and partly because others have not been idle, but taken up the plan and developed their hitherto latent resources to finally equal and in some cases eclipse the original school of Vienna.

Berlin, I am told, has done this, and is now far ahead of Vienna in some branches, more especially gynæcology and obstetrics. Lately, however, Vienna has acquired an accession which may prove to turn the tide again in favor of this univer-

sity. I refer to Prof. Breisky, the well known professor of obstetrics and gynæcology of Prague, who was recently called to occupy the chair in Vienna, formerly occupied by Professor Spaeth. Professor Breisky is an able lecturer, a brilliant operator and a wide awake man, and may do a good deal to reclaim the prestige for Vienna.

C. R.

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### CHANCRE OF THE GUM.

BY D. N. KINSMAN, M. D., DEAN OF COLUMBUS MEDICAL COLLEGE  
COLUMBUS, OHIO.

The peculiar mode of infection in the following seems to justify its publication. While there is, of course, an element of doubt, such as must exist in all such cases, I feel sure its origin is such as I shall detail.

B. consulted me June 24 concerning a swelling of the cervical and sub-maxillary glands on the right side. They were large, hard, painless, and without the adhesions to the surrounding tissues usual in the ordinary cases of adenitis of their duration.

In seeking for a cause for their development I found an ulcer surrounding the right middle incisor, in the upper jaw. This ulcer had been under treatment by a dentist for several days, and by him was supposed to be due to an accumulation of "tartar," which had extended beneath the gum and caused the ulceration. It had been treated with iodine locally.

I told him the glandular swellings were due to the ulcer, and when it healed the swelling would disappear. He returned to the dentist for treatment for a few days. I saw him again July 1. There was no change in the aspect of the case, except the glandular swelling was increased, and the glands of the other side of the neck and those in the occipital region were also involved.

I found he had fever and headache, for which I gave quinine. July 3 he was worse and sent for me to see him at home. At this visit the case became clear for the papular syphilide upon

his face, chest and arms left no possible doubt. He subsequently had nocturnal pains in the head and shins, and pharyngitis and patches upon the tongue. Under specific treatment he did well, and in five weeks the apparent manifestations had disappeared. Three years ago this man was treated for supposed syphilis. This diagnosis seems to have rested upon the occurrence of a sore upon the penis and a consecutive suppurating bubo. He had none of the secondary accidents of syphilis.

For some time the origin of this chancre was a mystery. Finally I learned that B. was having sexual relations with a young woman who was living at home, and that they had continued for more than a year. In the early part of May, or last of April, this young woman, who till then had been free from all sores, had a fissure on her lip, which was cauterized with a crayon of nitrate of silver. This fissure took on the appearance of a broad-based sore, so the young man says, and for some time refused to heal. Finally the glands in her neck enlarged. She had an eruption, and, upon consulting a physician, the case was diagnosed syphilis, and accordingly treated, when her symptoms subsided.

B. supposed that he has been poisoned when kissing her while her lip was sore, and I am led to believe, from all I can learn, this woman was contaminated by the crayon of silver, which may have been soiled by contact with a chancre on some one else. Such modes of infection are common enough. This case, as well as others, teaches us we cannot be too careful to protect others from contamination by soiled instruments which have been used about syphilitics.

## CORRESPONDENCE.

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### OUR BALTIMORE LETTER.

THE FLINT CLUB.—CONGRESS AND THE YELLOW FEVER COMMISSION  
BILL.—BALTIMORE AS A MEDICAL CENTRE.

Summer has reached our city but has been merciful. Ninety-two degrees has been the highest temperature. The greatest part of the time has been delightful. Nevertheless we have lifted the carpets, closed the book cases, adjourned the medical societies, sent our patients away to get well, and are now preparing new fresh stock "for the fall opening." City life in summer is made up largely of indolence. Have you not thought, kind reader, that it is a mistake to adjourn the medical societies during the "heated term?" It seems a propitious time for work. Not many physicians are absent, not much practice on hand, few public and private entertainments are held. Why should not more work be accomplished, and presented to larger audiences than at any other season. None of us, unless very dispeptic, would refuse an invitation to a banquet, though a greater outlay of time and energy would be required to partake thereof, to say nothing of the increase of bodily temperature, than to attend a medical society.

There is one organization of doctors here which takes no vacation. It is "The Flint Club"—an organization having but one object, namely. "the cultivation of friendly relations among its members." Like "The Association of American Physicians," it is an *exclusive* organization as to the number of its membership. It goes further, however. It admits no one who is not a *gentleman*, it requires an unanimous vote for election to membership, it has no permanent officer except a secretary, it has no code or rules to quarrel about, it changes the chairman at each meeting, its discussions are "unrestricted except by the unwritten laws that govern all gentlemen in their social inter-

course," it meets once a month, and it has a regular dinner at each meeting.

Each member may invite a guest if he is not a resident of Baltimore.

We believe in exclusiveism, we are selfish. We think that few men prefer the interests of others to their own. We should run the American Medical Association, or any other one, if we could. If we could not, we think it is perfectly right to start an organization that we *can* run. Hence, "The Flint Club" is an *exclusive* organization.

We humbly beseech the editor of the "Journal of the American Medical Association," his Washington correspondent, and the many magnanimous brethren whose interest in life is the advancement and preferment of others, and who never accept an office except upon special request and entreaty, to please, sirs, not "be hard on us."

As a social being the doctor of to-day does not "bristle with success." Any one who attends state and national meetings needs no argument to convince him of this. Such an organization as the club above named will help him greatly in this direction. I suggest to each reader of these lines that he organize such a club in his town. Let them all have the same name; let there then be a national meeting composed of delegates from the local clubs, and why may there not then be an *international congress* whose sole object will be "the cultivation of friendly relations among its members?"

Congress has adjourned without passing the "yellow fever commission" bill. One gentleman objected, and by reason of that the bill could not be taken from its place upon the house calendar. This is another illustration of how physicians injure themselves and their cause by reason of petty jealousy, and I am of the opinion that the "National Board of Health" is largely responsible for the present failure. The reason for their opposition is patent to all.

Congress has left the board without an appropriation. Appropriations in large amounts can be obtained for the improvement of internal creeks which cannot be improved, and would be of no value if they were. Large amounts are voted

for new national buildings in towns where they are not needed, but nothing is allowed for the maintenance of a body whose work is to protect the public health. How difficult it has always been to obtain the appropriation for the library of the surgeon-general's office of the army, and yet it is scarcely one-fifth of what it ought to be.

The adjournment of congress will not materially lessen the supply of medical students, very few of them will occupy seats in the national legislative halls, although a course in congress is a great advantage to one about to study medicine.

The medical colleges are issuing their catalogues, giving their buildings a new coat of paint, replacing the demolished furniture with new, and practicing that welcome smile which makes a medical student think that he has been expected for a month or so. There is no imagination sufficiently vivid—except that of a young man who has “been there”—to picture the difference between the physiognomy of a medical-college professor during the hour of his first lecture in the fall, and during that of his first examination in the spring. It is not my purpose to advertise Baltimore medical schools, and to claim that we have the “*best facilities in the United States*” for teaching medicine—though of course I believe it—for that is what every town that contains a medical school, college or university has. We claim better things and different from other places. For instance our charitable institutions are more in number, in proportion to the population, than in other cities. Boarding is cheaper. People are more hospitable. The landlady is an intimate friend within two weeks. She is so dear to you in that time that she is willing to borrow your money. Policemen are more lenient. They never arrest medical students except in mistake and release them promptly for a small fee. No statute exists in this city which *prevents* throwing snow-balls. Furthermore, not anything like as much time is lost in this “study” as in cities where they have snow. We have more pretty girls than any other city, not even excepting St. Louis and Chicago, where we are told the *ground* is nearly covered by them. This one advantage will overcome almost any objection. What medical student prefers a dissecting room full of “dead corpses” and faint-pro-

ducing odors, to an enchanting drawing-room overflowing with pretty faces and lovely forms, whose charming cadences are wafted on zephyrs richly laden with heliotrope and geranium.

These are only a few of the "special privileges" of Baltimore. In the matter of facilities for teaching—and graduating—men in medicine, we have much the advantage of Philadelphia, New York, and other small towns. In Philadelphia there is one regular school ("for men only") to every 250,000 inhabitants. In New York the proportion is one school to every 350,000 inhabitants. In Baltimore we have one school to every 100,000 inhabitants, having, therefore, two and one-half times as many facilities as Philadelphia, and three and one-half as many as New York. "There's nothin' true like figers."

Baltimore has a great advantage over the other eastern cities in point of location. I wish to call the attention of western men, especially those from *Ohio*, to this fact. We are much nearer *Washington*.

In conclusion, I extend in behalf of each medical school in the city—without her knowledge or consent—a hearty invitation to "come to her arms."

MEDE.

August, 1886.

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#### BENNITT OR CHAMBERS.

DEAR EDITORS:—It is seldom we have a more literal verification of the old proverb that "history repeats itself" than is afforded in a recent article in your excellent *MEDICAL GAZETTE*. It here repeats itself *verbatim*. With such a striking illustration of this rare coincidence, I cannot conceive of there being any impropriety in calling attention to it. In the January and March numbers of this *GAZETTE* there was a very fair article, "A History of Medicine, by John Bennett, M. D.," published in the department of Original Articles. It so happens that this original article occurs almost in its entirety in language and arrangement in 'Chamber's Encyclopedia.' Nine and a half pages of this twelve paged article may be found sentence for sentence in the above named work. The subject "Medicine, History of," furnishes the body of the article, while the q. v. references



therein contained readily supply the paragraphs on *Æsculapius*, *Hippocrates*, *Herophilus*, *Dioscordes*, and *Galen*. That there might be no mistake as to the extent of the identity, I have had the *Encyclopedia* article and this original article prepared in manuscript and compared. As a specimen of the coincidence commonly known as plagiarism it is unique. But if it be plagiarism, Chambers' compilers may be the plagiarists. However, under possible circumstances it may not be purloining at all; "great minds run in the same channels," or the Doctor may have contributed these articles to the *Encyclopedia*.

If the third and fourth paragraphs be original, we should have been better served perhaps had the Doctor written the entire article. They evince a clearness of thought and power of statement that should scorn plagiarism. Assuming that the third and fourth paragraphs are original, there are but ninety lines of original statement in the article. The first four paragraphs on pages 98 and 99, January number; two lines on page 99; four, on page 100; ten, on page 101; one, on page 103; four, on page 107, March number; twenty-six, on page 210; and twelve, on page 211. The article is good, but the *Britannica* would have furnished a better one. A few strong sentences in the original, and a questionable conclusion in a partially reconstructed sentence, were the "aures eminebant" that attracted attention and led to the discovery of this historical coincidence. Since the interest attached to the subject would hardly warrant the reproduction, in your valuable pages, of the entire articles, the following abridgement, with the few original lines omitted, may serve to illustrate the extent of the parallelism:

HISTORY OF MEDICINE.  
CHAMBER'S ENCYCLOPEDIA,  
VIDE ART. MEDICINE.

"There is reason to believe that Egypt was the country in which the art of medicine, as well as the other arts of civilized life, was first cultivated with any degree of success, the offices," etc., etc., *seriatim*—vide article *Medicine*—down to "is entirely legendary."

"*Æsculapius* appears in Homer as an excellent physician of human origin;" etc., etc., *seriatim*—vide article *Æsculapius*—down to "practice the art of medicine."

A HISTORY OF MEDICINE.  
BY JOHN BENNITT, M. D.  
GAZETTE, JANUARY AND MARCH, 1886.

"There is good reason for the belief that Egypt was the country in which the art of medicine, as well as the other arts of civilized life, was first cultivated with any degree of success, the offices," etc., etc., *verbatim*—vide page 98, January number—down to "is entirely legendary."

"*Æsculapius* appears in Homer as an excellent physician of human origin;" etc., etc., *verbatim*—vide page 98 and 99, about one page—down to "practice the art of medicine."

"Hippocrates, the most celebrated physician of antiquity," etc., etc., seriatim—vide article *Hippocrates*—down to "Genuine Works of Hippocrates."

"The advance which Hippocrates made in the practice of medicine was so great," etc., etc., seriatim—vide art. *Medicine*—down to "diet and the vis medicatrix naturae."

"Herophilus was born in Chalcedon, in Bithynia," etc., etc., seriatim—vide Art *Herophilus*—down to "the soul in the ventricles of the brain."

"About this time the Epicurics formed themselves into a distinct sect," etc., etc., seriatim—vide article *Medicine*—down to "He is remarkable as being the first native Roman physician whose name has been transmitted to us."

"Dioscorides . . . in Cilicia flourished," etc., etc., seriatim—vide article *Dioscorides*—down to "among the Moors and Turks."

"But their contributions dwarf into insignificance when compared to those of Galen," etc., etc., seriatim—vide article *Medicine*—to "the arch-quack Paracelsus."

"Galen, born at Pargamus, in Mysia," etc., etc., seriatim—vide article *Galen*—down to "received into the college."

"His own mass and modern improvements have now in a great measure consigned his writings to neglect, but his fame can only perish with the science itself," etc., etc., seriatim—vide article *Medicine*—down to, "while chemistry and the microscope have been successfully applied to the investigation of the various excretions and especially of the urine."

"Indeed he was the most celebrated physician of antiquity," etc., etc., verbatim—vide pages 99, 100 and 101, a page and a half—down to "Genuine Works of Hippocrates."

"The advance which Hippocrates made in the practice of medicine was so great," etc., etc., verbatim—vide page 101, half page—down to "diet and the vis medicatrix naturae."

"Herophilus, born in Chalcedon in Bithynia," etc., etc., verbatim—vide pages 101 and 102—down to "the soul in the ventricles of the brain."

"About this time the Epicurics formed themselves into a distinct sect," etc., etc., verbatim—vide pp. 102 and 103, a page and a half—down to "He is remarkable as being the first native Roman physician whose name has come down to us."

"Dioscorides of Cilicia flourished," etc., etc., verbatim—vide page 103—down to "among the Moors and Turks."

"But the contributions . . . dwarf into insignificance when compared to those of Galen," etc., etc., verbatim—vide page 206, March number—to "the arch quack Paracelsus."

"Galen, . . . born in Pergamus, in Mysia," etc., etc., verbatim—v. pp. 206 and 207, a page and a half—down to "received into the college."

"The great mass of Galen's works, with modern improvements, have now, in a great measure, consigned them to neglect, but his fame can only perish with the science itself," etc., etc., verbatim—v. pp. 207, 208, 209, 210 and 211, down to "while chemistry and the microscopy have been applied successfully to the investigation of the various excretions, and especially of the urine."

*Hæc fabula docet quales gratios scriptores pro beneficiis reddere soleant, et stolidos notat qui immeritis honoribus supebiunt.*

Very respectfully,

J. U. BARNHILL.

## LETTER FROM KANSAS.

CORA, KANSAS, August 9, 1886.

EDITORS MEDICAL GAZETTE:

*Dear Sirs:* In pursuance to promise I made you on leaving the city of Cleveland and college associates, the middle of

March last, I now take the pleasure of penning you a few lines from Northern Kansas, and as this is the first attempt in medical literature, you surely will not expect a great deal from me. I will try to write you something about the practice as I find it here. In former years, professionally speaking, this has been a much neglected country, and it has been but a few years back that scientific light was sprung upon the people. Educated men are filling up the places once occupied by quackery, hoodlums and old woman fogyism. Some of the best educators of the country are among us, and the time is not far hence when Kansas will occupy a place to be proud of in the medical field. We have considerable gynæcological practice here and most of which is of a very chronic character, owing to previous neglect, and caused largely by careless or unavoidable heavy work, such as drawing water from wells at the depth of eighty to one hundred feet with ropes and crank pumps. There is but little malaria, for we have dry, steady winds and but little stagnant water. The other diseases run about the same as in the East and about the same nature, excepting a fever, which, by the way, is the essential fever of Kansas, and called typho-malarial. It runs about three weeks, is of a low grade, and presenting but few symptoms of the original disease of that name. Treated on general principles, it yields readily with but few malignant cases.

I had a case of puerperal eclampsia which I will relate not for the case particularly but the treatment, which I have failed to find in any work I have read, and for which allow me to thank my preceptor, Dr. E. M. Farrelly of Pennsylvania. I will not go into detail about the case, as it was nothing very different from other such cases, but suffice it to say it was critical, which you will admit when I say she had several spasms before I saw her, one of which was accompanied by opisthotonos and had complete opisthotonos just as I arrived, and the pulse rate was one hundred and sixty-five per minute, and she was nauseated and delirious. The treatment was as follows: First, an immediate hypodermic injection of the fl. ext. veratrum veride ten gts., then after waiting twenty minutes, with but little slowing of pulse, the same amount was repeated, which had the

effect soon to lower the pulse rate to about sixty-five, and after giving in a short time a hypodermic of morphia to relieve nauseated condition and restlessness, stimulants were ordered until the pulse raised to normal. The patient made rapid recovery with but little peritonitis. Her tongue was badly lacerated. I have written much more than was intended on commencement and will close.

Yours, etc.,

C. E. NELSON.

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August 13, 1886.

DEAR SIRs—Not having received the July number of the GAZETTE, I am afraid it has gone astray. If it was addressed as mentioned in "Notes and Comments" of the number for June, it certainly has.

I enclose a railway map of the district which shows Llaufair-Talhaiarn to be a village about six miles from Abelgele station on the main line from Chester to Dublin, and with your permission I would say that *Llau* means village, and *fair*, St. Mary's. This being a very common name in Wales, it was necessary to designate it further, therefore it was called *Talhaiarn*—a noted poet, who lived in the Third or Fourth century.

Llaufair talhaiarn—St. Mary'sville—Talhaiarn.

I am, sirs, yours truly,

WILLIAM WILLIAMS.

# REPORTS ON PROGRESS.

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## REPORT ON PROGRESS IN DISEASES OF THE NOSE AND THROAT.

Read before the Cuyahoga County Medical Society, Thursday, August 6, 1886, by  
A. R. BAKER, M. D.

### EXTIRPATION OF THE LARYNX.

Dr. Alfred S. Gerster of New York reports a case of unilateral extirpation of the larynx, being the twentieth on record. From an exhaustive review of the twenty cases reported by Drs. Solis Cohn and Billroth, he comes to the following conclusion :

1st. The rate of mortality due directly to the operation is twenty per cent., while in total extirpation the death rate is thirty-three per cent.

2nd. Complete cure with a perfect preservation of the voice and deglutition is possible, and has been achieved in a large number of cases.

3rd. The external wound could be closed permanently.

4th. The power of deglutition was well preserved in all cases except one.

Dr. Roswell Park of Buffalo performed the operation of total extirpation with complete recovery. Up to the present writing I believe there have been only three such operations performed by American surgeons, each followed by death, viz :

1st. Dr. Lang of New York, recurrence of sarcomatous growth ; death from asthenia seven months after operation.

2nd. Dr. Hodgen of St. Louis, death after four days.

3rd. Also by Dr. Lang of New York. Death on fifth day under septic symptoms.

Dr. Eugene Hahn, surgical director of the Friedrichshain City Hospital, Berlin, published in a recent issue of the Volkman's Collection of Clinical Lectures eleven cases of his own not hitherto published, together with statistics of all cases on rec-

ord up to the present writing. The mortality percentage for total extirpation was forty-four per cent. Seventy-two of the operations were performed for cancer ; seven of these were only partial. Twenty-five of these died during the first two weeks, and five between the third and seventh weeks. Death occurred within nine months from recurrence of the carcinomatous disease in twenty-two cases. Only thirteen of the sixty-five cases may be considered complete cures, but nine months is too short a time and this number may be considered too large. Extirpation for other than carcinomatous diseases shows better results. English readers will find quite a full review of this subject in the January number of the *Annals of Surgery*.

#### INTUBATION OF LARYNX.

We are indebted to Dr. O'Dwire for this substitute for tracheotomy. The operation consists in taking pieces of hard rubber tubes, which are numbered according to size, 1, 2, 3, etc., and by grasping them with a pair of forceps and placing them upon the index finger and depressing the tongue they are passed into the larynx. The first instruments were retained by a small thread attached to them and brought out of the mouth. The thread by pressing upon the epiglottis caused spasmodic coughing and made it difficult to retain the tubes in position.

Dr. F. E. Waxham read a paper entitled, "Intubation of the Larynx as a Substitute for Tracheotomy, With a Report of Eighty-three Cases," before the Chicago Medical Society, June 21, 1886. The author referred to the various modifications that had been made in the instruments within the past year. First, the enlargement of the heads of the tubes to prevent slipping into the trachea ; second, the addition of a shoulder to prevent their expulsion ; and third, a very important modification, consisting of the construction of the tubes with thinner walls, giving greater breathing space and a better opportunity for the expulsion of false membrane. The author also presented a feeding bottle, useful in those cases where they entirely refuse to take nourishment, as they will do occasionally, and also a trachea forceps for the purpose of removing false membrane by way of the mouth when there is detachment below the tube, or when it is pushed down ahead of the tube and cannot be expelled.

The author thought that the first question that would arise, in considering whether we had a substitute for tracheotomy in tubage of the larynx, would be as to the comparative success of

the two methods. By personal inquiry and by correspondence he had collected reports of 306 cases of tracheotomy performed in Chicago with 58 recoveries, or a percentage of 18.19.

In contrast to these statistics the author reported 83 cases of intubation with 23 recoveries, or a percentage of 27.71. Average age, three years and seven months.

Many of these cases were young nursing infants, and many were delegated to him because they were too young or too unfavorable for tracheotomy. Of the 58 cases coming under his own personal observation, 20 were actually moribund when the operation was performed, many of them entirely unconscious, and 40 were bad diphtheritic cases, characterized by severe constitutional symptoms and extensive diphtheritic exudation upon the pharyngeal walls. In only 18 cases was the exudation in the pharynx slight; but in every case, without exception, membrane was expelled either in the form of thick muco-pus, shreds or large casts. In every case the operation was performed to prevent impending suffocation, and the cases pronounced hopeless without surgical interference.

In the discussion of this paper Dr. E. Flether Ingals said: "The admirable paper just presented by Dr. Waxham shows that the results of this operation even now are quite as good as those of tracheotomy for young children. When we consider the ease with which this operation may be done, its freedom from danger, its good results, we must consider any one grossly culpable who would allow a child to die from croup without giving it a trial. As parents and friends will readily consent to this operation, though they would not to tracheotomy, it will be a means of saving hundreds of lives which would otherwise be sacrificed. When we look over the record and reflect that of the cases already saved by this method probably not five per cent. would have been saved in other ways; and as we look into the future and see the immense possibilities of this operation, we must not forget our debt of gratitude to Dr. O'Dwyer for his invention, and to Dr. Waxham for his enthusiastic employment of it; but most of all the profession at large, which tolerates no secret methods, but generously donates to mankind every improvement in the healing art."

We are safe in saying, from the statistics so far given, that in intubation of the larynx we have an efficient and safe substitute for tracheotomy, and promising much better results in many cases, whether it will supercede the older operation in all cases remains to be decided. I am anxious to hear whether any of our members have performed the operation, and if so, with what results.

# The Cleveland Medical Gazette.

*A MONTHLY JOURNAL OF MEDICINE AND SURGERY.*

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ONE DOLLAR PER ANNUM IN ADVANCE.

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Vol. I begins with November, 1885. Subscriptions can begin at any time.

REMITTANCE OF MONEY.—All money should be sent by P. O. Order, Postal Note or Registered letter. In no case should money be sent by check, except on New York or this city.

Changes for advertisements must reach us not later than the second week of the month to be corrected in current number. Advertising rates furnished on application.

Original Communications, reports of cases and local news of general medical interest are solicited. All communications should be accompanied by the name of the writer, not necessarily for publication.

All letters and communications should be addressed to the CLEVELAND MEDICAL GAZETTE, No. 143 Euclid Avenue, CLEVELAND, OHIO.

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A. R. BAKER, M. D., *Editor.*

S. W. KELLEY, M. D., *Associate Editor.*

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## EDITORIAL.

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### NINTH INTERNATIONAL MEDICAL CONGRESS.

The ninth International Medical Congress will assemble in the City of Washington, the capital of the United States, on Monday, September 5, 1887, at 12 o'clock noon, in accordance with the arrangements made at Copenhagen in August, 1884.

The Congress will consist of such members of the regular medical profession as shall have registered and taken out their ticket of admission, and of such other scientific men as the executive committee of the Congress shall deem it desirable to admit. The books of the registration of members will be open from 9 A. M. to 5 P. M. on Thursday, September 1, 1887, and on each subsequent day during the session, under the charge of the reception committee. Any member desiring to anticipate this registration can apply by letter to the secretary general and forward his dues, with his address in full, when a receipt will be returned.

The dues of membership for residents of the United States



will be ten dollars (\$10.00). There will be no dues for members residing in other countries. Each member will be entitled to receive a copy of the transactions of the Congress, when published by the executive committee.

The general sessions of the Congress will be devoted to the transaction of business, and addresses and communications of general scientific interest by members appointed by the executive committee. A printed programme of the sessions will be presented to each member on registering. A printed order of business for each day will also be issued.

The work of the various sections will be directed by the president of the section, and the order will be published in a daily programme for each section. Questions and topics that have been agreed on for discussion in the sections, shall be introduced by members previously designated by the titular officers of each section. Members who shall have been appointed to open discussions shall present to the secretaries of the section, in advance, statements of the conclusions which they have formed as a basis for the debate.

Brief abstracts of papers to be read in the sections shall be forwarded to the secretaries of the proper section on or before April 30, 1887. These abstracts shall be treated as confidential communications, and shall not be published before the meeting of the Congress. Papers relating to topics not included in the list of subjects proposed by the officers of the sections, may be accepted after April 30, 1887, and any member wishing to introduce a topic not on the regular lists of subjects for discussion, shall give notice of the same to the secretary-general at least twenty-four days before the opening of Congress. The titular officer of each section shall decide as to the acceptance of such proposed communications, and the time for their presentation. No communication shall be received which has been already published or read before a society.

The official languages of the Congress shall be English, French and German. Each paper or address shall be printed in the transactions in the language in which it was presented. Preliminary abstracts of papers and addresses shall also be

printed in the language in which each is to be delivered. All discussions shall be printed in English.

The officers of the Congress and the officers of the section, including all foreign officers, will be nominated to the Congress by the executive committee at the opening of the first session.

The executive committee cordially invites members of the regular medical profession, and men eminent in the sciences collateral to medicine, in all countries, to participate, in person or by papers, in the work of this great humanitarian assembly. Communications relating to appointments for papers to be read in the Congress should be addressed to Dr. John B. Hamilton, Secretary-General of the Ninth International Medical Congress, Washington, District of Columbia. All questions or communications connected with the business of the executive committee should be addressed to Dr. Henry H. Smith, Chairman of the Executive Committee of the Ninth International Medical Congress, Philadelphia, Pennsylvania. Gentlemen named in any position in the Congress are requested to notify the chairman of the executive committee, as soon as practicable, of any error in the name, title or address in this circular.

Ladies in attendance with members of the Congress, and those invited by the reception committee, may attend the general sessions of the Congress when introduced by a member. They will also be invited to attend the social receptions. The executive committee reserves the right to invite distinguished persons to any or all the meetings of the Congress. The attendance of medical students and others interested in the work of the various sections or in the general addresses delivered in the Congress, will be permitted, on the recommendation of the secretary-general or the officers of a section, on their taking out from the registration committee a general ticket of admission, fee one dollar (\$1.00); but such person cannot take part in the proceedings.

All communications and questions relating to the special business of a any section must be addressed to the president or one of the secretaries of that section. As many details of the Congress and numerous appointments of officers are yet to be

completed, other circulars will be issued from time to time, as circumstances demand.—*Abstract from Circular No. 2.*

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## THE NEED OF ANOTHER HOSPITAL IN CLEVELAND.

Probably no city of the same size as Cleveland is so poorly supplied with hospital accommodations. It is a disgrace to the city that in cases of serious injury there is no place where the injured person can be received without a certain amount of red tape and bickering as to who shall foot the bill, and, as often happens, a seriously injured person is carried from one hospital to another before being admitted. The proper time to decide such questions is after the service is rendered, not before.

There is one noticeable exception, and that is St. Elexis hospital, where all cases are received without question, but its location is inaccessible, the buildings poor and small; the nursing is good. The only room available for a house physician is a small closet six by ten, and during one year Dr. Scovill did good service while obliged to occupy such quarters, but it is impossible to get desirable young men to accept the position with such surroundings.

It is to be hoped that some liberally disposed gentleman will emulate Mr. Wood's example and build a hospital and endow it, so that it shall be a charity hospital in deed and not in name. If this is not done the city ought to provide a hospital for accident cases, or at least make provisions with the existing hospitals to receive such cases.

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## PETROLATUM U. S. P.

The United States Pharmacopeia adopted the title "Petrolatum" for the preparations of petroleum, which are sold under the various titles and fancy names of vasaline, cosmoline, petroline, etc. These various preparations have been advertised so extensively that the majority of physicians when writing prescriptions, in-

stead of calling for petrolatum call for some one of the above proprietary preparations. Since the Pharmacopea has adopted this very appropriate title, and such reputable houses as the L. D. Mix Oil and Naptha Company manufacture the very best article, and sell it under its proper name. We would suggest that in the future physicians prescribe this preparation by its official name.

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It is with considerable hesitation we publish a communication from our esteemed correspondent, Dr. J. U. Barnhill, entitled "Bennitt or Chambers." In behalf of Dr. Bennitt we would say the article was not written for publication, but was intended as a lecture before a class of medical students, and was published at our request. The doctor did not present it as an original article, but simply to call the attention of students to some facts in medical history. We have always felt that it was a much neglected branch of medical education, and if Dr. Barnhill's letter should be the means of creating some interest in this subject and lead some one to read Dr. Bennitt's article, or Chambers' article, or both, who has not done so, we shall feel repaid at least in part for its publication.

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We are pleased to note among the officers proposed of the Ninth International Medical Congress the following Cleveland gentlemen: Dr. I. N. Himes, as one of the secretaries of the section on Pathology; Dr. Dudley P. Allen, as one of the secretaries of the section on General Surgery; and Dr. W. T. Corlett, as one of the secretaries of the section on Dermatology. If the selection in other cities is characterized by the same good judgment, we know no reason why the congress should not be a success so far as officers are concerned.

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At the next meeting of the Cuyahoga County, Ohio, Medical Society, Dr. C. A. Turner will read an essay. Subject of discussion, "Dietetics in Diseases." Leading speakers, Dr. Parker and Hanson. Report on Progress in Obstetrics and diseases of children—Dr. Dutton.

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Buffalo's birth rate is considerably in excess of her death rate.

# SOCIETY PROCEEDINGS.

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## PROCEEDINGS OF THE CUYAHOGA COUNTY MEDICAL SOCIETY, AUGUST, 1886.

REPORTED BY L. B. TUCKERMAN, M. D., CORRESPONDING  
SECRETARY.

DR. POWELL, the president, occupied the chair.

DR. LATHROP read an essay on Law and Medicine. (See page 479).

GENERAL LEGGET, who was present by invitation, was asked to discuss the paper. He stated that in limiting the practice of medicine, the question was where to draw the line in the profession. A good many graduates would turn out quacks. Statutes are liable to become a dead letter unless there be a popular feeling back of them to enforce them, and dead statutes are an encouragement to wrongdoing. We cannot enforce every good thing by statute law. When in Holland, an official called his attention to a small book, not a quarter the size of the revised statutes of Ohio, which contained all the laws in force in Holland. So soon as it became evident that statute could not or would not be enforced it was instantly repulsed, as the legislature there deemed it demoralizing to have statutes on the book which were a dead letter.

The discussion on the topic of THE TREATMENT OF ABORTION was opened by DR. LEE. He called attention to the fact that the majority of married women aborted at some time or another during their period of child-bearing. We could not impress the importance of proper care after this accident too much upon the minds of our patients. So long as they are allowed by their physicians to rest under the delusion that an abortion is of no more consequence than is an ordinary menstrual period, so long will evil results follow. Of course when the physician is called in time, the abortion should be prevented if possible.

In his hands the best results had come from rest and the exhibition of opium. He found opium far better in its results than morphia. He had used viburnum a few times but never could rely upon it. To check hemorrhage he was in the habit of using the tampon in case the cervix was undilated, and when dilation was complete he removed the ovum, using the finger in preference to any instrument, because by its means you knew what you were about and when the process was complete. He used as a tampon pledgets of cotton, each with a string attached to facilitate removal, and had seldom had to leave the tampon *in situ* longer than ten or twelve hours, and never to repeat its application. He was accustomed to pack both cervix and vagina, using a speculum or separating the labia with the fingers of the left hand, and the pledgets should be dipped in a solution of carbolic acid or corrosive sublimate. He was accustomed to use intra-uterine antiseptic injections, in addition to washing out the vagina with an antiseptic. Where possible he insisted on the recumbent posture for ten days, though this restriction is hard to carry out in practice. By treating abortions as important as labor at full term, the field of gynecology can be considerably limited.

DR. TUCKERMAN, the next leading speaker, said so far as the cases he had met with, it was rare that he was called to a case until after any question of prevention could arise, and in most of the cases it was evident that the abortion was intentional and hence all talk of prevention was out of the question. He was in the habit of giving quinine freely during after treatment, and vaginal injections, usually of warm water alone. Like the last speaker, he preferred the finger to any instrument in the removal of secundines.

DR. WEIDENTHAL, had tried Schoeder's plan of removal of secundines by external pressure, and without the introduction of the finger into the uterus with success in his last case of abortion.

DR. DUTTON thought confinement to bed to be a mistaken idea in the earlier months of pregnancy. If the patient feels like being out of bed, appetite and circulation are both better and the conditions are more favorable to true involution, when

the patient is allowed to sit up. The weight of the uterus after abortion, during the early months, was not such as to compel recumbency.

The speaker called attention to the fact that in some cases of menorrhagia confinement to the bed tended to increase the loss of blood, and likewise in some cases of abortion.

DR. ALLEN mentioned the case of a woman who miscarried in March. The first of June he was called to see her by her attending physician and found a relaxed uterus bleeding a good deal, and, in the intervals, a slightly watery discharge, foul smelling at times. He removed a chunk the size of the end of the thumb, which DR. HIMES had examined and found nothing malignant in its structure. The question arose whether it was a residuum of pregnancy. Since that time the uterus has been normal and the only bleeding has been at a regular menstrual period.

DR. VANCE reported a similar case occurring recently under his own observation, where he was called in consultation to see a patient suffering from constant discharge of blood. He removed a similar body having the gross aspect of a piece of sponge with cavities, lined by endothelial cells resembling vascular sinuses. Since that time the patient has been pregnant, miscarried and another body of the same kind removed. Might not degenerative processes in the retained placenta explain all these phenomena, as in DR. ALLEN's case. He inquired at what period of gestation the decidua vera and reflexa joined, and the opening of the fallopian tubes were occluded.

DR. POWELL replied at three months.

DR. HERRICK stated that he had not found abortion, when spontaneous, difficult to get along with. He had used the rotary placental forceps successfully in a case of abortion at four months. He was opposed to intra-uterine injections.

DR. PERRIER reported a case where he had removed a mucous polypus three or four weeks after abortion. He preferred the finger in removing secundines.

DR. WEIDENTHAL called attention to Credé's statistics with regard to his plan of prohibiting the use of vaginal injections into the vagina, and any digital examination until the tenth day. In his report of one thousand cases the showing was good.

DR. DUTTON reported a case of remarkable tolerance of morphia in puerperal peritonitis. In three days she reached the amount of thirty to thirty-five grains of morphia hypodermically.

DR. VANCE remarked that it was not always safe to presume too far on the supposed tolerance and alluded to the late James Fisk, Jr., who died with every symptom of opium narcosis, after taking but a very few grains of opium. To the inquiry whether the death was not due to shocks? he replied that he had reacted. Post mortem showed no hemorrhage nor peritonitis.

DR. SAWYER reported a case of diabetes mellitus in a boy of thirteen. He was an active boy, about sixty pounds in weight, and was not ill, but his parents complained in the spring that he was drinking water by the quart and passing it by the gallon. Quantitative analysis showed the presence of from 37.2 to 43 grains of sugar to the ounce of urine, and he was passing seven quarts of water in the twenty-four hours. On the customary anti-diabetic diet with bromide of arsenic he improved, but Bartholow recommended that he be put on chloride of gold and ammonium, grs.  $\frac{1}{18}$  and phosphate soda  $\mathfrak{z}$ iii daily. He was sent south to the Buffalo Lithia spring and gained a pound a week, with a steady decrease of the sugar, by June, when he returned. First every trace of sugar had disappeared, but two weeks latter there appeared slight reaction. He seems well since his return; is passing but three pints of water daily, though he has stopped gaining in flesh. It was only gradually that he came to taking  $\mathfrak{z}$ iii of the phosphate of soda daily. At no time during the disease were his general symptoms very severe. He was languid and troubled with headache.



## New Books and Pamphlets.

[All books noticed under this head may be had of P. W. Garfield, 172 Public Square, Cleveland, O.]

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'TEXT BOOK OF OPHTHAMOSCOPY,' by EDWARD G. LORING, M. D., New York. D. Appleton & Co. Vol 1, 259 pages. Price, \$5.00.

Although American Ophthalmologists have done much good work, and as expert operators are excelled by none, we have no work which can take rank as a text book with many English, German and French books. It takes but a brief examination of this work to demonstrate its superiority to many of the so-called text-books on ophthalmoscope which have appeared during the past few years. The chapter devoted to directions for using the ophthalmoscope can not be excelled, and every student should be as familiar with it as with Gray's anatomy. The chapter devoted to the fundus of the eye is unusually full, and the portion devoted to "anamolies" can not fail to be of interest even to the specialist. The lithographs are very good, many of them new to ophthalmic text-books.

Chapter five, which is devoted to determining refraction with the ophthalmoscope, is well written, but we are somewhat surprised that gentlemen who have had a large experience teaching do not discover that it is impossible for the average student to determine refraction by the use of the ophthalmoscope. It is true Dr. Loring may be able to do so. I am sure that Professor Airsbery of Berlin can in a large percentage of cases. He can come nearer determining the refraction accurately with the ophthalmoscope than any one I am familiar with. Yet frequently while correcting his ophthalmoscopic readings by means of the test type, I found him in error from one to three dioptries. I have dwelt upon this point simply to express my conviction that the use of the ophthalmoscope for determining refraction is not practicable for most observers, and is not really necessary, as we have in retinoscopy a substitute easily performed and more accurate.

'MIND YOUR EYES! GOOD ADVICE FROM A NEAR-SIGHTED MAN TO HIS FELLOW-SUFFERERS.' Translated from the French of Francisque Sarcey, by HENRY DICKSON BRAUM, M. D., New Orleans, 1886.

This little book ought to be placed in the hands of every near-sighted person. Written as it is by a journalist, it may not stand the test of professional criticism. Yet on the whole it is accurate enough for practical purposes. Its short, crisp sentences can not fail to impress the near-sighted person with the importance of taking proper care of his eyes, and placed in his hands will do more good than volumes of learned treatise on this subject.

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'INSANITY AND ITS TREATMENT.' Lectures on the Treatment, Medical and Legal, of Insane Patients. By G. W. Fielding Blandford, M. D., Oxon. F. R. C. P., late lecturer on Psychological Medicine at the School of St. George's Hospital, London. Together with 'TYPES OF INSANITY,' an Illustrated Guide in the Physical Diagnosis of Mental Disease. By Allen McLane Hamilton, Maryland. Third edition p. 379. New York, William Wood & Co.

We commend this book to the student and to the practitioner. They will probably find no treatise better suited to their needs. Allow us to recommend the student to read the last part of the book first. Dr. Hamilton's 'Types of Insanity,' with the portrait plates, gives a more distinct and graphic idea of the chief varieties of mental disease and their diagnosis than would many pages devoted to "classification." Dr. Blandford's work, while not by any means exhaustive, is yet sufficiently complete for general practitioners. It is unusually clear and definite, and being in the form of lectures is the more pleasing to read. The chapter on the "Law of Lunacy," dealing as it does with English law, would not be useful in this country but for Dr. Hamilton's chapter on the "Commitment of the Insane," which supplies all that is needed under this head by the American reader.

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'A MANUAL OF PRACTICAL THERAPEUTICS CONSIDERED WITH REFERENCE TO ARTICLE OF THE MATERIA MEDICA,' by Edward John Warring, C. I. E., M. D. Fellow of the Royal College of Physicians, London, Surgeon-major (retired) of Her Majesty's Indian army. Edited by Dudley W. Buxton, M. D. B. S., F. R. C. P. and C. Fourth edition. P. Blakiston, Son & Co., 1886, 666 pages. Cloth \$3.00, leather \$3.50.

We have seen no work in which the subject of which this volume treats is so satisfactorily covered in an equal number of

pages. The index and the division into sections, with different size and style of type and pages, are features admirably arranged for ready reference. Upon using the book one grows confident, not only that what he wants is there but also that he will have no trouble to find it.

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'DISEASES OF THE SPINAL CORD.' By Byron Bramwell, M. D. F. R. C. P. (Edin.) Lectures on the Principles and Practice of Medicine and on Medical Diagnosis in the Extra Academical School of Medicine, Edinburgh; Pathologist to the Edinburgh Royal Infirmary, etc., etc. Second Ed., 8vo. 268 pp. New York, Wood & Co. [Library of Standard Medical Authors, Vol. I, 1886.]

This is one of the valuable volumes of the series. It is systematic and practical. It is illustrated by fifty-three colored plates and one hundred and two fine wood engravings. In this edition considerable attention is given to the important and difficult subject of concussion of the spine, and the method of examining railway cases, and other improvements have been made which will render this edition even more acceptable than the first, which was so favorably received by the profession.

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"The Importance of Early Operations in Surgical Injuries," by R. Harvey Reed, M. D., Mansfield, Ohio. A paper read before the Ohio State Medical Society at Akron, June, 1886.

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"Electrolysis in Gynecology," with a report of three cases of fibroid tumor successfully treated by this method, by Franklin H. Martin, M. D., Chicago. Reported from the journal of the American Medical Association.

## Notes and Comments.

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The Pope has forbidden cremation.

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The next meeting of the American Rhinological Society will be held in St. Louis, Mo., October 6.

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Dr. Ashmun expects to attend the next meeting of the American Health Association, which will be held in Toronto, October 4-8.

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Professor Biloeth and Carl Braun expect to be at the meeting of the International Medical Congress. So says Professor Peck.

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Dr. W. H. Humiston sailed the third inst. for Europe, to be absent a year or more. He goes first to Berlin and from there to Vienna and London.

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Dr. William B. Atkinson has been elected Professor of Diseases of Children and Sanitary Science in the Medico-Chirurgical College of Philadelphia.

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Dr. O. W. Holmes said in his address to the students of Edinburgh: "Literature was a good staff for walking with, but not a good one to lean upon. From Colridge he had learned that every literary man should have some fixed and regular occupation."

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Dr. E. Gruening, at the late Ophthalmological Society meeting, presented the results of a study of one hundred cases of Bright's disease, in which the typical stellate changes were seen in both eyes. No case lived more than two years after the diagnosis was made out.—*American Lancet*.

---

The editor of the *American Lancet* called attention in a recent editorial to the evils of the wedding trip, and says: "We

have often thought that physicians by giving a word of friendly advice to such of their patients as chanced to be about to enter upon a married life, might be the means of saving such persons from future misery. Family physicians are the ones to reach these cases. True, they would have to combat social customs, but after all we think that in the end they would win."

---

Two female medical students at Paris, the one French and the other American, had a dispute over the relative merits of French and American female physicians. This led to a duel with swords. The American received a slight flesh wound, when both were satisfied.—*Atlanta Medical and Surgical Journal*.

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*The Doctor as Patient.*—A little personal experience of the sick bed teaches the doctor many things. He certainly learns that a sick man does not look upon things as a well man does, and his charity towards an invalid's whims is greatly increased. He can fail, too, to be touched and softened by the many kind inquiries and pleasant messages that come to him. Busy men come and sit down beside him as though the dearest object of their hearts was to see him recover; men who justly plead bodily infirmity as an excuse against the slightest exertion climb his stairs to express their sympathy, and patients who have seemed thankless and forgetful show that they needed only the opportunity to show their gratitude, and when the sick man resumes his place in life, he is pretty sure to have not merely an increased enjoyment in living, and a better idea of his fellowmen, but also a higher estimate of the value of his own profession.—*Boston Medical and Surgical Journal*.

---

Philip Gilbert Hamerton, in one of his charming essays, dwells on the lack of the inventive faculty in women. This is curiously verified by the rolls of the Patent Office. Scarcely one per cent. of all the hundreds of thousands of patents issued annually in the United States are granted to women. There is not a single model of an important invention by a woman on exhibition at the Patent Office. Such as are there are very and simple devices of no particular importance. Of the

articles used by women, such as corsets, glove-fasteners, sewing machines, washing machines, pins, needles, churns, shoe-buttoners, fans, fruit jars, button fasteners, pianos and other musical instruments, music holders, patterns and the thousand and one other articles made for the fair sex, ninety-nine per cent. are the inventions of men.—*Providence Journal*.

---

DR. C. R. PARKE, Ast. on Treatment of Scalp Wounds at the Columbus Hospital, writing in the New York Medical Journal, August 14, 1886, says: Our present method of treating a scalp wound is as follows: Upon admission of the patient the wound and bloody hair are thoroughly cleansed with a douche of the hydronaphthol solution (1 to 2,000); next the hair is carefully cut with scissors for about one inch around the regions of the wound, after which it is cleanly shaved. The wound is now again cleaned with the hydronaphthol, all clots and foreign bodies being removed, and careful examination for fracture made. This not being found we proceed to the dressing, which consists in inserting ten or twelve horse hairs through the bottom of the wound, the opposing edges of the wound being carefully approximated and sewed together with cat gut sutures, the horse hair projecting about three-fourths of an inch beyond the ends of the wound, and thus acting as an excellent drain. The wound is now again washed with the hydronaphthol, and powdered iodoform lightly dusted over the line of the sutures, upon which are applied a few layers of iodoform gauze; over this is placed a large compress of absorbent gauze, extending several inches beyond the wound on every side, the whole being held in place by a bandage, the style of which depends upon the location of the injury. The patient is told to return in two days, provided no pain or unlooked for symptoms arise, under which circumstance he is requested to return at once. Upon returning two days later, as a general rule, we find primary union throughout the entire length of the wound, excepting at the ends where the drain protrudes. We have now converted the open scalp wound into a perfectly drained sinus. All but three or four of the horse hairs are now removed. The sinus is irrigated with the hydronaphthol solu-

tion, and the same style of dressing reapplied. In two or three days more the sinus has so removed down that the remaining horse hairs can with safety be withdrawn and complete union can then occur under the opening thus applied. The catgut sutures are absorbed and give rise to no trouble. The wound thus heals with little or no scab, as compared with the plan which allows the wound to granulate from the bottom and furthermore offers the advantage of healing in a much shorter time. . . . . Of thirty cases, five never returned after the dressing was applied. Of twenty-five, there was a full record until they were discharged cured. The longest period that any case was under treatment was ten days, the shortest six days; the average being six *plus*. We maintain that a period of less than seven days, with but from three to four dressings, is a short time in which to cure and discharge patients having scalp wounds varying from one to four inches in length; and we also maintain that they heal under this method of treatment without accident, either from cellulitis or from burrowing of pus, no accident of this kind having occurred in any of our cases so treated.

---

*Anesthetization During Sleep.*—Dr. John Marshal writes to *The Lancet* that he succeeded in producing anesthesia in a sleeping man by the A. C. E. mixture. The patient was a strong collier who was brought to the infirmary with a fractured thigh. Being worn out with pain he fell asleep before his leg could be dressed. Dr. Marshall found him asleep, induced anesthesia, and bandaged the thigh without awakening him.—*New York Medical Record*.

---

A "Case of Chloroform Poisoning" is reported in the September number of the New Orleans Medical and Surgical Journal:

"The ordinary preparations for administration of chloroform were made; the towel for administering the drug was rolled in the form of a shirt cuff, so as to allow the free admission of air. As the patient lay on the table his heart was examined, and though a little excited, gave no abnormal sound. The patient manifested considerable apprehension of the effects of the anæsthetic, and went under its influence in a state of nervous excite-

ment. During the administration his pulse was under the finger of one of the medical attendants. It maintained its strength and volume well until the moment of its complete cessation. There was no sign of pulsation after that moment. The heart stopped beating during the stage of excitement, while the patient was breathing jerkily and spasmodically, and becoming cyanosed, the condition immediately preceding complete anæsthesia.

Artificial respiration, the inverted position, hypodermic injections of brandy, which, in the anticipation of early emergency, were already prepared, all were practiced without avail. While the artificial respiration was being performed the patient urinated involuntarily, and attempts at natural respiration were observed. The heart, however, made no effort at pulsation which was perceptible. It ceased its beating suddenly, instantly, without previous flagging or other warning. The case is one of exceeding interest, in that the patient died under the very eye and observation of two perfectly reliable physicians, and while receiving from their intelligent hands the aid usually offered in such emergencies. The case illustrates very well the helplessness of the physician in the event of such sudden and complete suspension of the heart's action."

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An illustrated catalogue, a handsome book, giving full description of all their goods, and other valuable information, will be sent free on application to McIntosh Galvanic and Faradic Battery Co., 300 and 302 Dearborn street, Chicago, Illinois.

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*Nervous Exhaustion.*—I gave Celerina to a lady, aged about forty-two years, who had been an invalid for many years, suffering from functional disease of the stomach, heart and head, atonic dyspepsia, vertigo, palpitation of the heart, intercostal neuralgia, hysteria, and in fact, nearly all the symptoms arising from cerebro-spinal exhaustion has been her bane for a long time. From the recommendation of Celerina and my knowledge of the properties of the remedies of which it is said to be compounded, I thought this would be a proper case to test its virtues. I accordingly prescribed it in teaspoonful doses four times a day,



and a mild laxative pill at night, when necessary, to keep the bowels soluble, and was happy to hear her say, before the bottle was all used, that she believed I had found an antidote for her ills. Another lady, of about middle age, suffered from atonic dyspepsia and insomnia. I prescribed a proper diet and all the hypnotics I could think of, but nothing except preparations containing chloral and bromides seemed to procure sleep. I gave her Celerina, and since she has been taking the second bottle I have heard no complaint for want of sleep.

H. O. MACRES, M. D.

Corry, Pennsylvania.

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We invite the attention of our readers to the announcement made on page second by A. Mayell & Co., of this city.

---

*Disinfectant for the Mouth.*—Thymol, 5 grs.; benzoic acid, 3ss; tr. eucalyptus, ʒiij; water, o j.

---

Newspaper medicine again crops out, this time in the columns of a Boston daily, according to which the stomach of a man who swallowed a partial set of artificial teeth, which lodged in the cardiac orifice, was drawn out through a transverse incision in the left side of his abdomen "and then cut open, when by the insertion of his arm to the elbow, Dr. — was able to reach and remove the teeth.—*New York Medical Journal.*

The above is in keeping with an account given in a recent number of the *New York World* of the removal of a breast of a lady at one of the hospitals in New York. The exactness of the report shows conclusively that the report was dictated by the doctors, if indeed it was not written by them. Boston is not alone in this newspaper medicine.—*Atlanta Medical and Surgical Journal.*

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We are in receipt of a large and very carefully executed engraving of the new Standard Oil Company Building, New York, probably the finest business structure on Broadway.

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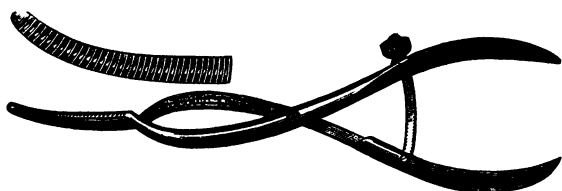
Dr. Frank Hastings Hamilton, died at his home in New York City, August 11, in the seventy-third year of his age.

---

It is reported that Pasteur has never taken the medical degree, and is not legally entitled to practice medicine in France.

## A NEW DILATOR

FOR FORCIBLE AND RAPID DILATATION OF THE CERVIX UTERI; FOR THE RELIEF OF STRICTURE, FLEXIONS, CONICAL CERVIX STERILITY, DYSMENORRHOEA, ETC., BY WM. R. LEONARD, M. D., NEW YORK.



They are two, one small and smooth and the other heavy with roughened sides, which prevents the instrument from slipping out of the uterus as well as doing away with the tenaculum. They dilate parallel without any complicated mechanism. The blades are slightly curved so that they can be reversed within the womb; the smaller one is smooth on the blades and prepares the way for the heavier and stronger instrument. By compressing the handles the blades dilate. The amount of dilatation produced in this manner is retained by a screw running through the handles, as shown in the cut. If greater leverage is needed, the screw force is applied. The instrument is sufficiently strong and firm not to spring, which is a great fault with many dilators heretofore used.

## HEALTH BULLETIN.

Reports of the State Board of Health from eighty-nine observers, embracing fifty-one counties, showing the following diseases to prevail for the week ending Saturday noon, August 28, 1886:

FORM OF DISEASE IN THE ORDER OF PREVALENCY.	NO. OF PLACES WHERE SEEN.	NO. OF CASES REPORTED.	NO. REPORTING LAST WEEK, 49.	
			NO. PLACES WHERE SEEN.	NO. CASES REPORTED.
Diarrhoeal Diseases.....	72	405	36	151
Malarial Fever.....	46	123	19	61
Consumption.....	38	87	19	0
Typhoid Fever.....	23	31	3	5
Diphtheria.....	19	50	8	23
Whooping Cough.....	15	63	7	76
Bronchitis.....	14	25	5	8
Pleurisy.....	14	30	4	4
Scarlet Fever.....	9	55	2	42
Pneumonia.....	7	16	0	0
Croup.....	7	3	0	0
Spotted Fever.....	2	3	0	0
Measles.....	3	10	1	22

Total No. of deaths reported from all causes,  
262, of which 147 were children under five  
years of age.

Diarrhoeal troubles prevailing, with increase of cases and area of prevalence compared with that of last week. Scarlet fever declining in Cincinnati with only one death during the week. Increase of typhoid fever.

C. O. PROBST, M. D., Secretary.

Surgeon in Charge:  
DR. R. S. SUTTON,  
419 PENN AVENUE.  
Pittsburgh, Pa.

Assistant:  
WM. STONE, M. D.,  
170 RIDGE AVENUE  
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This institution is located on high ground, overlooking the Ohio River, at a point in Allegheny City, opposite to and in full view of Pittsburgh.

The rooms are all front, looking south and east.

The number of patients taken is limited to TWELVE.

No lying-in cases, or cases of any infectious disease are received.

The institution is a quiet home with the provisions of a sanitarium.

The nurses are good, and trained to their duties.

As far as practicable, patients are requested to present letters of introduction from their attending physicians.

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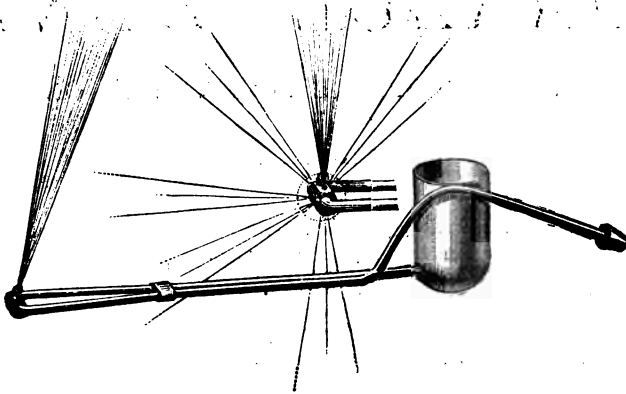
## TERMS.

1. Rooms, board and nursing, \$21.00 per week, payable weekly.
2. Drugs furnished at cost.
3. Personal washing is not included.
4. Massage or Electricity, in cases in which it is required, \$5 per week extra.
5. Fee for all operations, \$100.00.
6. Fee for assistants and ether, \$15.00.
7. Fee for weekly attendance after operation, \$20.00.
8. Fee for attendance in cases requiring no operation,  
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Its first and great advantage is the point of the instrument, which can be revolved (by pressure of the thumb or finger) so as to throw the spray in any direction that may be desired. To produce the same in the old style would require several different spray producers.

Second, the volume of pressure can be increased at will by pressure of the thumb on the top of the cup. There is by this method much less irritation than by increasing the air pressure at the point.

Thirdly, its cheapness, as it costs but little more than a single spray producer, and saves much time to the operator, as he does not have to change from one instrument to the other to get the different directions.

These instruments are metal, nickel-plated, and can be obtained at wholesale or retail from

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**INDICATIONS.**—Impotency, Spermatorrhea, Loss of Nerve-Power (so usual with Lawyers, Preachers, Writers and Business Men), Nervous Headache, Neuralgia, Paralysis, Dysmenorrhea, Hysteria, Opium-Habit, Inebriety, Prostatitis, Dyspepsia, and ALL LANGUID or DEBILITATED conditions of the System.—*Indispensable to restore a patient after alcoholic excess.*

**DOSE.**—One or two teaspoonfuls three or more times a day, as directed by the Physician.

# ALETIS CORDIAL

**UTERINE TONIC AND RESTORATIVE.**

PREPARED FROM THE ALETIS FARINOSA OR TRUE UNICORN.

**INDICATIONS.**—Amenorrhea, Dysmenorrhea, Leucorrhea, Prolapsus Uteri, Sterility, to PREVENT Miscarriage, etc.

**DOSE.**—One teaspoonful three or four times a day.

Unrivalled as a Uterine Tonic in Irregular, Painful, Suppressed & Excessive Menstruation  
IT RESTORES NORMAL ACTION TO THE UTERUS, AND IMPARTS VIGOR TO THE ENTIRE UTERINE SYSTEM.

Where Women have aborted during previous Pregnancies, or in any case where abortion is feared, the Aletris Cordial is indicated, and should be continuously administered during entire gestation.

# ACID MANNATE

**A MILD, SAFE AND PLEASANT APERIENT.**

Prepared from Manna, Purified Cathartic Acid, and Fruit Juices.

**INDICATIONS.**—Constipation, Bilioousness, Congestions, Etc. **INDISPENSABLE AS AN APERIENT FOR WOMEN DURING PREGNANCY.** In teaspoonful doses, 3 times a day, it favors the SECRETION and EXCRETION of bile, and gradually removes the congested and torpid states of the liver, and keeps the bowels in a regular and soluble condition.

**DOSE.**—ONE or MORE teaspoonfuls as directed by the Physician.

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**DARK**

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**INDICATIONS.**—Albuminuria, Diarrhea, Dysentery, Night-Sweats, Hemorrhages, Profuse Expectoration, Catarrh, Sore Throat, Leucorrhea, and other Vaginal Diseases, Piles, Sores, Ulcers, Burns, Scalds, Gonorrhea, Gleet, Etc.

When Used as an Injection, to Avoid Staining of Linen, the WHITE Pinus should be Used.

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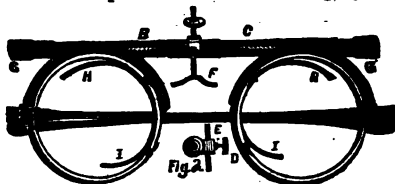
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An instrument for the quick detection and correction of Myopia, Hypermetropia and Astigmatism in all its forms.

Its operation will be readily seen by the following illustrations. The instrument is fixed to a table; a board fifteen inches square, with black background, on which a white disc about five inches in diameter, is placed at a distance of say 15 feet.

The patient is directed to look at the white disc through the instrument.

There will apparently



be two discs visible to the patient, just touching if the eye is normal.

The Hypermetropic eye will see them separated and the Myopic eye will see two discs lapping.

The great value of the instrument is in diagnosing quickly the most complex cases, as each meridian of the eye is examined separately by rotating the index finger C.





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